

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/586617

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4	1			1			
5	1			1			
6	1			1			
7	1			1			
8	1			1			
9	1			1			
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49							
50							
TOTAL IND.	1	↓	1	↓		↓	
TOTAL DEP.	10	←	9	←		←	
TOTAL CLAIMS	11	[REDACTED]	10	[REDACTED]		[REDACTED]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					←		←
TOTAL CLAIMS					[REDACTED]		[REDACTED]